

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

|   |                                   |
|---|-----------------------------------|
| 1. (a) Name of Individual, Organization or Corporation<br>New Jersey Citizen Action   |                                   |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>625 Broad Street, Suite 270 |                                   |
| (c) City, State and ZIP Code<br>Newark, NJ 07102  |                                   |
| 2. Occupation and Name of Employer (for Individual Filers Only)   | 3. FEC Identification Number<br>C |

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

/  /

5. COVERING PERIOD:

FROM  /  /   
THROUGH  /  /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

2 0 8 0 3 2

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Elizabeth Glynn

*Elizabeth Glynn*

11/2/2022

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 1050 First Street, N.E., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

|  |       |                                    |
|--|-------|------------------------------------|
| A. Full Name (Last, First, Middle Initial)                 |       | Date of Receipt                    |
| Mailing Address  |       | MM / DD / YYYY                     |
| City   | State | Zip Code                           |
| FEC ID number of contributing federal political committee. |       | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation                         |

|  |       |                                    |
|--|-------|------------------------------------|
| B. Full Name (Last, First, Middle Initial)                 |       | Date of Receipt                    |
| Mailing Address  |       | MM / DD / YYYY                     |
| City   | State | Zip Code                           |
| FEC ID number of contributing federal political committee. |       | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation                         |

|  |       |                                    |
|--|-------|------------------------------------|
| C. Full Name (Last, First, Middle Initial)                 |       | Date of Receipt                    |
| Mailing Address  |       | MM / DD / YYYY                     |
| City   | State | Zip Code                           |
| FEC ID number of contributing federal political committee. |       | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation                         |

|  |       |                                    |
|--|-------|------------------------------------|
| D. Full Name (Last, First, Middle Initial)                 |       | Date of Receipt                    |
| Mailing Address  |       | MM / DD / YYYY                     |
| City   | State | Zip Code                           |
| FEC ID number of contributing federal political committee. |       | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation                         |

|   |   |  |
|---|---|--|
| SUBTOTAL of Receipts This Page (optional)           | ▶ |  |
| TOTAL This Period (last page carry total to Line 6) | ▶ |  |

NON-FUNCTIONAL DOCUMENT

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
New Jersey Citizen Action

|  |   |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee<br>Movement Labs, LLC | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 02 / 2022 |
| Mailing Address<br>2045 W Grand Ave Ste B, #31638                      | Amount<br>1500.00   |
| City State Zip Code<br>Chicago IL 60612                                |   |

|  |               |   |
|--|---------------|---|
| Purpose of Expenditure<br>Sent text messages to voters                                       | Category/Type | Office Sought: <input checked="" type="checkbox"/> House State: NJ<br><input type="checkbox"/> Senate District: 7<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Congressman Tom Malinowski |               | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought   |               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              |

|  |   |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee | Date of Public Distribution/Dissemination<br>MM / DD / YYYY |
| Mailing Address                                  | Amount  |
| City State Zip Code                              |   |

|  |               |   |
|--|---------------|---|
| Purpose of Expenditure   | Category/Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: |               | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought           |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     |

|  |   |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee | Date of Public Distribution/Dissemination<br>MM / DD / YYYY |
| Mailing Address                                  | Amount  |
| City State Zip Code                              |   |

|  |               |   |
|--|---------------|---|
| Purpose of Expenditure   | Category/Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: |               | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought           |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     |

|   |         |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | 1500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                  | 580.32  |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | 2080.32 |

2025 RELEASE UNDER E.O. 14176

**Via E-Mail**

NONNHTHONMIOBBDNNMIO

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked<br>Date of Receipt                       |
| <input type="checkbox"/> USPS Registered/Certified                         | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input checked="" type="checkbox"/> Other (Specify): <i>Email</i>          | Date of Receipt or Postmarked<br><i>11/3/22</i>     |
| <i>MM</i><br>PREPARER  | <i>11/3/22</i><br>DATE PREPARED                     |

(3/2015)

NON-FEDERAL CAMPAIGN DOCUMENT